FAX NO.

RECEIVED CENTRAL FAX CENTER

APR 1 3 2006

P. 01

29 Hartwell Avenue, Lexington, MA 02421

Tel: 781.674.7000 Fax: 781.863.6519 TransForm Pharmaceuticals, Inc.

Fax

10;	Office Black	31 acm and Tracemark Office	rom:	Paul Bur	gess, Esq.
Fax:	(571) 273-8	300	Pages:	3	
Phone:			Date:	April 13	, 2006
Re:	Power of At	torney and Correspondence Add	ess CC:		
⊠ For	Review	☐ Please Comment	□ Please Re	ply	□ Please Recycle
Dear S	ir/Madam:				
Statem	ent Under 37 C	a Power of Attorney and Corresp CFR 3.73(b) for filing. tention with this request.	ondence Addre	ss Indicati	ion Form as well as a
Regard		action with this request.	. ,		
Paul B	urgess				
	Attorney	·			
Reg. N	o. 53,852				
I hereby and Trad	certify that this co lemark Office on a	Signed:		173-8300 at t	the United States Patent

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL, MAY BE ATTORNEY-CLIENT PRIVILEGED, AND IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE. UNAUTHORIZED USE, DISCLOSURE OR COPYING IS STRICTLY PROHIBITED AND MAY BE UNLAWFUL. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY THE SENDER BY PHONE AT #(781) 874-8000 OR BY FACSIMILE AT (781) 883-6519.

FAX NO. RECEIVED CENTRAL FAX CENTER

APR 1 3 2006

PTO/SB/81 (01-06)
Approved for use through 12/31/2008. OMB 0851-0035
U.S. Patent and Trademark Office; U.S. DEPARMENT OF COMMERCE

I hereby appoint:			
hereby revoke all previous powers of attorney	given in the above-identified	application.	
	Attorney Docket Number	TPIP017D/WO US	_
INDICATION FORM	Examiner Name		
INDICATION FORM	Art Unit		•
CORRESPONDENCE ADDRESS	Title	Pharmaceutical Compositions with	
and	First Named Inventor	Mark Tawa	
POWER OF ATTORNEY	Filing Date	06/29/2005	
	Application Number	10/541,216	

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:		_				
Practitioners associated with the Customer Number:						
OR ·	<u> </u>					
Practitioner(s) named below:						
Name	•	Registration Number				
Paul Burgess		53,852				
Christopher Olson	· •	55,510				
M. Andrea Ryan		28,469				
as my/our attorney(s) or agent(s) to prose Trademark Office connected therewith.	scute the application identified above	s, and to transact all bus	iness in the t	United States Patent and		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: 27777						
Firm or Individual Name						
Address						
City		State		Zip		
Country		Email	·			
Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature	landre		Date	12 Aprol		
Name Colin R. Gardner			Telephone	781-674-7887		
Title and Company President, TransForm Pharmaceuticals, Inc.						
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 2 forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or aggressions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SE/96 (12-05)
Approved for use through 07/31/2006, OMS 0851-0031
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

STATEMENT UNDER 37 CFR 3.73(b)					
Applicant/Patent Owner: _TransForm Pharmaceuticals, Inc.					
Application No./Patent No./Control No.: 10/541,216 File	ed/Issue Date: <u>06/29/2005</u>				
Entitled: Pharmaceutical Compositions with Improved Dissolution					
	•				
TransForm Pharmaceuticals, Inc. a c	prporation				
(Name of Assignee) (Type states that it is: 1. the assignee of the entire right, title, and interest; or	of Assignee: corporation, partnership, university, government agency, etc.)				
an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)					
in the patent application/patent identified above by virtue of either.					
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>016923</u> , Frame <u>0769</u> , or a true copy of the original assignment is attached.					
OR B. A chain of title from the inventor(s), of the patent application/pa	atent identified above, to the current assignee as follows:				
From: To: The document was recorded in the United States Paten					
Reel, Frame, or fo	t and Tracemark Office at or which a copy thereof is attached.				
2. From: To:					
The document was recorded in the United States Paten Reel, Frame, or					
3. From:To:					
The document was recorded in the United States Patent and Trademark Office at Reel, or for which a copy thereof is attached.					
Additional documents in the chain of title are listed on a supplemental sheet.					
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]					
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.					
Signature	Date				
Colin R. Gardner	781-674-7887				
Printed or Typed Name	Telephone Number				
President, TransForm Pharmaceuticals. Inc. Title					

This collection of Information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.